

Principal or Agent Name

Manufacturer - Wholesaler Refund Application

License No.

Date

Phone

, -		
Address		Fax
City	State	Zip
Instruction for	r form preparation	
 Prepare in duplicate. Submit the original to Montana Depar 1712, Helena, MT 59604-1712. Retain a duplicate in compa Attach with this refund request all copies of the credit memorindicating that credit or refund of the Montana cigarette tax 	any file for field audit puos, or other documents	ırposes.
Section 1 – Refund recap		
1. Total value of stamps (total from all schedule M)		
2. Discount rate		0.0083
3. Total discount (multiply line 1 by line 2)		
4. Net Refund (subtract line 3 from line 1)		
Section 2 – Notary signature		
State of		
County of	SS.	
		luly sworn on oath deposes and
says: That he / she is the	_	
(Title) personal knowledge of the matter set forth; that the ciga		
listed within the attached schedule and which are subm		·
insignia which are affixed to the unsalable cigarettes; the	nat credit or refund for t	he net cost of the tax insignia has
been given to a Montana cigarette wholesaler / retailer	and that the cigarettes	will not be sold at any time.
Signature of Affiant		
Subscribed and sworn to before me this	day of	, 20
	on expires:	
Notary Public Signature		Date

Schedule M – Manufacturer / Wholesaler Refund Recap

For the period of	
Business name	Phone

Credit	Wholesaler / Retailer Information							Tax / Pack	Total Tax
Memo ID	Business Name	Address	City	State	Zip	Phone	(A)	(B)	(A X B = C)
								20/Pk - \$0.70	\$
	į		<u> </u>					25/Pk - \$0.875	\$
			i					20/Pk - \$0.70	\$
			-					25/Pk - \$0.875	\$
								20/Pk - \$0.70	\$
	-		-					25/Pk - \$0.875	\$
	İ							20/Pk - \$0.70	\$
	: :			<u> </u>				25/Pk - \$0.875	\$
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	<u>.</u>		_ .					25/Pk - \$0.875	\$
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								25/Pk - \$0.875	\$
								20/Pk - \$0.70	\$
			!	<u> </u>				25/Pk - \$0.875	\$
Total column C	this page - Add total tax	for this page only							\$
otal refund fro	m all pages – Fill on last p	age only; total column C v	value on CT-20	3 line 1,	section	1			\$